

North Carolina Breast and Cervical Cancer Control Program
2011-2012 Services Fee Schedule (1)
For the Period 7/1/11 through 6/30/12
Revised 4/19/2011

Breast Procedures	Code	11-12 Fee	Office Fee Allowed
Screening			
Clinical Breast Examination	N/A		Yes
Screening Mammogram	77057	\$ 78.40	No
	77057TC	\$ 44.26	
	77057-26	\$ 34.14	
Follow-Up			
Diagnostic Mammogram - Unilateral	77055	\$ 83.62	No
	77055TC	\$ 49.48	
	77055-26	\$ 34.14	
Diagnostic Mammogram - Bilateral	77056	\$ 106.91	No
	77056TC	\$ 64.48	
	77056-26	\$ 42.43	
Sterotactic, localization guidance for breast biopsy or needle placement, each lesion,	77031	\$ 156.11	No
	77031TC	\$ 78.18	
	77031-26	\$ 77.93	
Mammographic guidance for needle placement, breast, each lesion	77032	\$ 54.18	No
	77032TC	\$ 26.97	
	77032-26	\$ 27.21	
Radiological examination, surgical specimen	76098	\$ 18.61	No
	76098TC	\$ 10.66	
	76098-26	\$ 7.95	
Screening Mammogram, Digital, Bilateral	G0202	\$ 78.40	No
	G0202TC	\$ 44.26	
	G0202-26	\$ 34.14	
Diagnostic Mammogram, Digital, Bilateral	G0204	\$ 106.91	No
	G0204TC	\$ 64.48	
	G0204-26	\$ 42.43	
Diagnostic Mammogram, Digital, Unilateral	G0206	\$ 83.62	No
	G0206TC	\$ 49.48	
	G0206-26	\$ 34.14	
Ultrasound	76645	\$ 86.01	No
	76645TC	\$ 59.59	
	76645-26	\$ 26.43	
Surgical Evaluation/Consultation	N/A	(2)	Yes
Fine Needle Aspiration	<u>10021</u>	\$ 136.18	Yes
Fine Needle Aspiration (with imaging guidance)	10022	\$ 131.44	Yes
Ultrasonic guidance for needle placement, imaging supervision and interpretation (performed in conjunction with 10022	76942	\$ 190.57	No
	76942-TC	\$ 157.77	
	76942-26	\$ 32.80	
Cytopathology, evaluation of fine needle aspirate	88172	\$ 49.21	No
	88172TC	\$ 19.80	
	88172-26	\$ 29.42	
Cytopathology, evaluation of fine needle aspirate > Interpretation and Report	88173	\$ 133.49	No
	88173TC	\$ 66.44	
	88173-26	\$ 67.05	

**North Carolina Breast and Cervical Cancer Control Program
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Breast Procedures Continued			
	Code	11-12 Fee	Office Fee Allowed
Needle Core Biopsy	19100	\$ 135.45	Yes
Puncture Aspiration	19000	\$ 104.41	Yes
- each additional procedure, use in addition to 19000	19001	\$ 25.51	Yes
Needle Core Biopsy (open, Incisional)	19101	\$ 308.49	Yes
Needle Core Biopsy (with imaging guidance)	19102	\$ 204.69	Yes
Needle Core Biopsy, percutaneous, automated vacuum assist or rotating - biopsy device, using image guidance	19103	\$ 525.00	Yes
Excision of cyst, fibroadenoma, or other tumor, aberrant breast tissue - duct lesion, nipple or areolar lesion, open, - 1 or more lesions.	19120	\$ 445.27	Yes
Excision of breast lesion identified by preop placement - of radiological marker, open, single lesion.	19125	\$ 494.18	Yes
- each additional lesion separately identified by a preop radiological marker (list separately)	19126	\$ 151.60	Yes
Preoperative placement of needle localization wire, breast	19290	\$ 153.49	Yes
- each additional lesion (list separately)	19291	\$ 65.26	Yes
- use with 19290			
Image guided placement, metallic localized clip (add on code to 19102)	19295	\$ 86.66	Yes
Ultrasonic guidance for needle placement, imaging supervision and interpretation (performed in conjunction with 19102)	76942	\$ 190.57	No
	76942-TC	\$ 157.77	
	76942-26	\$ 32.80	
Surgical Pathology - Level IV	88305	\$ 102.58	No
	88305TC	\$ 66.76	
	88305-26	\$ 35.82	
Surgical Pathology - Level V	88307	\$ 218.89	No
	88307TC	\$ 140.81	
	88307-26	\$ 78.08	

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Cervical Procedures	Code	11-12 Fee	Office Fee Allowed
Screening			
Pelvic Examination - Bimanual	N/A		Yes
Pap Smear			Yes
	88142	\$ 28.51	
	88141	\$ 27.99	
	88164	\$ 14.87	
	88174*	\$ 28.51	
	88175*	\$ 28.51	
HPV DNA High Risk Typing (3)	87621	\$ 34.51	No
Follow-Up ** (4)			
Colposcopy	57452	\$ 104.33	
Colposcopy with Biopsy and endocervical curettage	57454	\$ 147.75	
Colposcopy with Biopsy	57455	\$ 137.36	
Colposcopy with endocervical curettage	57456	\$ 129.87	
Surgical Pathology - Level IV			
	88305	\$ 102.58	
	88305TC	\$ 66.76	
	88305-26	\$ 35.82	

* These procedures (88174, 88175) must be reimbursed at the applicable 88142 Medicare reimbursement rate (or less)

** Allowable fees for Colposcopy are for the procedure performed in a physician's office or a similar facility.

If Colposcopy is done in a hospital as an outpatient procedure or in an ambulatory surgery center, the following fees apply and no additional fee is allowed:

Colposcopy	57452	\$ 88.02
Colposcopy with Biopsy and endocervical curettage	57454	\$ 131.12
Colposcopy with Biopsy	57455	\$ 107.02
Colposcopy with endocervical curettage	57456	\$ 99.86

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Physician Visits

Office Visits (5)	CPT Code	11-12 Fee
New patient, brief	99201	\$ 39.72
New patient, limited	99202	\$ 68.73
New patient, intermediate	99203	\$ 99.35
Established patient, brief	99211	\$ 19.06
Established patient, limited	99212	\$ 40.04
Established patient, intermediate	99213	\$ 66.83

00400 Anesthesia

Not to exceed 3 Base Units plus Time Units (length of time spent providing anesthesia service in 15 minute increments) times Conversion Rate (\$20.31) or \$250, whichever is lower.

Global and Split Fees

Both global and split fees apply to the breast procedures listed on page 1 of this fee schedule. The method and direction of payment will determine their usage for your facility. The following are the codes and definitions that apply:

G = Global; the all-inclusive fee for performing and interpreting the service.

TC = Technical Component; the fee for performing the service.

26 = Professional Component; the fee for interpreting the service.

Notes:

(1)

NC BCCCP covers only the physician's fee. Any facility charges associated with these CPT codes are not covered.

(2)

Use office visit codes for these services. Consultation codes have been discontinued.

(3)

HPV DNA testing is a reimbursable procedure if used in the follow-up of an ASC-US result from the screening exam, or for surveillance at one year following an LSIL Pap test and no CIN2,3 on colposcopy-directed biopsy.

It is not reimbursable as a primary screening test or as an adjunctive screening test to the Pap. Providers should specify the high-risk HPV DNA panel only; reimbursement of screening for low-risk HPV types is not permitted.

The CDC will allow for reimbursement of Cervista HPV HR, however, only at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. CDC funds cannot be used for reimbursement of Cervista HPV 16/18.

(4)

Up to three cervical biopsies, including ECC (endocervical curettage), per colposcopy will be covered by the BCCCP when the appropriate algorithm is followed. Each specimen container is counted as one biopsy. Under no circumstances are endometrial or vaginal biopsies covered by the BCCCP.

(5)

Effective January 1, 2010, Consultation Visit codes 99241 through 99255 have been eliminated. Codes 99201, 99202, and 99203 are to be used in their place.

North Carolina Comprehensive Breast and Cervical Cancer Control Program
Maximum Allowable Fees - WISEWOMAN Project
July 1, 2011 - June 30, 2012

<u>Procedures</u>	<u>CPT Code</u>	<u>Fee</u>
Automated Lipid Panel *	80061	\$ 18.85
Lipid Panel (CLIA waived) ¹	80061QW	\$ 18.85
Cholesterol, Total Serum	82465	\$ 6.13
Cholesterol, Total Serum (CLIA waived)	82465QW	\$ 6.13
Lipoprotein (HDL)	83718	\$ 11.52
Lipoprotein (HDL) (CLIA waived)	83718QW	\$ 11.52
Glucose, blood, quantitative	82947	\$ 5.52
Glucose, blood, quantitative (CLIA waived)	82947QW	\$ 5.52
Glucose, blood, reagent strip	82948	\$ 4.45
Glucose, tolerance test, three specimens	82951	\$ 18.12
Glucose, tolerance test, three specimens (CLIA waived)	82951QW	\$ 18.12
Hemoglobin A1C	83036	\$ 13.66
Hemoglobin A1C (CLIA waived)	83036QW	\$ 13.66
Basic Metabolic Profile **	80048	\$ 11.28
Comprehensive Metabolic Profile	80053	\$ 11.89
Other		
Routine venipuncture	36415	\$ 3.00
Office Visits ²		
New Patient, Brief	99201	\$ 39.72
New Patient, Limited	99202	\$ 68.73
New Patient, Intermediate	99203	\$ 99.35
New Patient, Limited (Comprehensive)	99204	\$152.99
New Patient, Intermediate (Comprehensive)	99205	\$190.77
Established Patient, Brief	99211	\$ 19.06
Established Patient, Limited	99212	\$ 40.04
Established Patient, Intermediate	99213	\$ 66.83

Note: Office Visits or Consultation Visits listed above may be used to reimburse for consultations associated with WISEWOMAN referrals, when applicable.

*Lipid Panel tests are: Total Serum Cholesterol, Lipoprotein (HDL) and Triglycerides.

**Basic Metabolic Profile Collection Container: 1 mL Serum / One SST Remarks: Includes NA, K, CL, CO2, GLUC, BUN, CREA, CA

¹ The Clinical Laboratory Improvement Amendments of 1988 (CLIA) law specifies that laboratory requirements be based on the complexity of the test performed and established provisions for categorizing a test as waived. Tests may be waived from regulatory oversight if they meet certain requirements established by the statute. CLIA waived tests employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible; pose no reasonable risk of harm to the patient if the test is performed incorrectly; and/or are cleared by the Food and Drug Administration for home use.

²Effective January 1, 2010, Consultation Visit codes 99241 through 99255 have been eliminated. Codes 99201, 99202, and 99203 are to be used in their place.